



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/367,794
		Filing Date	January 6, 2000
		First Named Inventor	Dime, David S.
		Art Unit	1653
		Examiner Name	Chih Min Kam
Total Number of Pages in This Submission	Attorney Docket Number	018148-000130US	

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Substitute Declaration of Inventors; Application Data Sheet; Return Postcard		
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)				
<input type="checkbox"/> Extension of Time Request				
<input type="checkbox"/> Express Abandonment Request				
<input type="checkbox"/> Information Disclosure Statement				
<input type="checkbox"/> Certified Copy of Priority Document(s)	<table border="1"><tr><td>Remarks</td><td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td></tr></table>	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joseph R. Snyder		
Date	March 29, 2005	Reg. No.	39,381

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Judith Cotham	Date	March 30, 2005